STREET ADDRESS. CITY, STATE, ZIF CODE  SUMMARY STATEMENT OF DEPOLERNING  SUMMARY STATEMENT OF DEPOLERNING  REGULATORY OR 1.50 IDENTIFY MOST IS TO DEPOLERNING  COUNTY NURSING HOME  STREET ADDRESS. CITY, STATE, ZIF CODE  STREET ADDRESS. CITY, STATE, ZIF	DEPART	MENT OF HEALTH	AND HUMAN SERVICES		4	1 and		): 07/24/201
AND PLAN OF CORRECTION   ALBERT   ALB	<u>CENTE</u>	RS FOR MEDICARE	& MEDICAID SERVICES	46		$\simeq$ 9106114	FORN DAR NO	MAPPROVE
JEFFERSON COUNTY NURSING HOME  SUMMARY STATEMENT OF DESCRIPTIONS  (EACH DEPLOY YURST RE PRECEDED BY PULL REGULATORY OR LECEMENT/PING INFORMATION)  FORETTY TAG  NPFA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4,6.12, NFPA 13, NFPA 25, 9.7.6  This STANDARD Is not met as evidenced by: Based on observation and interview, it was determined the facility failed to inspect and maintain the automatic sprinkler system. This finding includes:  1. Observation and interview with the maintenance director and exitory common very excessed to far in to the celling which did not provide the minimum 1 "clearance between the deflector and celling.  NFPA 13 5.4.4.1.1  This finding was verified by the maintenance director during the exit conference on July 21, 2014.  Synthier resting will continue to be conducted quarterly by the approved Sprinkler Contractor. Any sprinklers found out of compliance with the deficient practice will be monitored by the Maintenance Improvement Committee. On-going compliance with this deficient practice will be monitored by the Maintenance Director and Administrator.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU					
SEFFERSON COUNTY NURSING HOME  SUMMARY STATEMENT OF DESCREADES 1/1/100 PREFER 1/1			445473	B. WING	·		07	/21/2014
CALL DEPORT OF LECTENCY MUST BE PRECEDED BY PHLL RECOLUTION OF LEC DEMIPYING INFORMATION)  TAX  DEPORT OF LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.6  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to inspect and maintened are incretor and pily 21, 2014 at 10;35 a.m., revealed 1 of 2 sprinkler heads in the medical records room were recessed to far in to the ceiling which did not provide the minimum 1" clearance between the deflector and ceiling. NFPA 13 5-8.4.1.1  This finding was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on July 21, 2014.	NAME OF F	PROVIDER OR BUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE	1	
REGULATORY OR ISC IDEMTIFYING INFORMATION)  K 062 SS=D  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.6  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility falled to inspect and maintain the automatic sprinkler system. This finding includes: 1. Observation and interview with the maintenence director on July 21, 2014.  Sprinkler testing will be removed by the facility side by the facility administrator during the exit conference on July 21, 2014.  Sprinkler testing will continue to be conducted on the will be exit conference on July 21, 2014.  Sprinkler testing will continue to be conducted quarterly by the approved Sprinkler Contractor. Any sprinklers found out of compliance with the facility of configuration. This finding was verified by the maintenance director and schowledged by the facility administrator during the exit conference on July 21, 2014.	JEFFERS	SON COUNTY NURSI	IG HOME		r			
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inepected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.6  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to inspect and maintain the automatic sprinkler system. This finding includes:  1. Observation and interview with the maintenance director on July 21, 2014 at 10:35 s.m., revealed 1 of 2 sprinkler needs in the medical records from were recessed too far into the deflector and ceiling. One sprinkler head located in GreenHouse Building #3 with paint loading on the frangible bulb will be corrected.  All sprinkler heads throughout the Main Building and Green House homes will be visually inspected by the Maintenance Department. Any sprinkler identified as being recessed too far or with paint located on it will be properly serviced or replaced.  Sprinkler Contractor. Any sprinklers found out of compliance will the corrected. This finding will be addressed by the facility Quality Assurance/Performance Improvement Committee. On-going compliance with this deflicant practice will be monitored by the Maintenance Director and addressing the approved Sprinkler Contractor. Any sprinklers found out of compliance will the corrected. This finding will be addressed by the facility Quality Assurance/Performance Improvement Committee. On-going compliance with this deflicant practice will be monitored by the Maintenance Director and Administrator.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROX	ORE	COMPLETION DATE
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE TITLE CONTRATE.	SS=D	Required automatic continuously mainta condition and are imperiodically. 19.7. 9.7.6  This STANDARD is Based on observation determined the facility maintain the automathis finding includes 1. Observation and implication and implication are directorally which did clearence between the celling which did clearence between the celling was verified in the control of the control of the control of the control of the celling was verified and acknowled in the control of the c	sprinkler systems are irred in reliable operating spected and tested 6, 4.6.12, NFPA 13, NFPA 25, not met as evidenced by: on and interview, it was by failed to inspect and tic aprinkler system.  Iterview with the ron July 21, 2014 at 10;35 sprinkler heads in the n were recessed too far in to not provide the minimum 1 "he deflector and ceiling. fied by the maintenance edged by the facility the exit conference on July			Medical Records Room of the Mali Building will be remounted so as no recessed too far into the ceiling the allowing the appropriate amount of clearance between the deflector arceiling. One sprinkler head located GreenHouse Building #3 with paint loading on the frangible builb will be corrected.  All sprinkler heads throughout the Building and Green House homes wisually inspected by the Maintenar Department. Any sprinkler identifies being recessed too far or with paint located on it will be properly service replaced.  Sprinkler testing will continue to be conducted quarterly by the approve Sprinkler Contractor. Any sprinkler out of compliance will be corrected. Guality Assurance/Performance Improvement Committee. On-going compliance with this deficient practified be monitored by the Maintenance will be monitored by	of to be is ind in	08/21/14

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

Facility ID: TN4002

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES			F		; 07/28/2014
CENTE	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES					1 APPROVED <u>). 0</u> 938-039 <u>1</u>
STATEMENT AND PLAN (	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILO	DING (	E CONSTRUCTION D2 - 916 INDUSTRIAL PARK - SE BLDG 2	(X3) DATE SURVEY COMPLETED	
		445473	B. WING	·		07	/21/2014
NAME OF	PROVIDER OR SUPPLIER		1	31	TREET ADDRESS, CITY, STATE, ZIP CODE	977	21/2014
JEFFER:	SON COUNTY NURSI	NG HOME		l .	I4 INDUSTRIAL PARK RD ANDRIDGE, TN 37725		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X6) COMPLETION DATE
К9999	FINAL ÖBSERVATI	ons	K99	999			<u> </u>   
	conducted on July 2	ety portion of the survey 21, 2014, no deficiencies were Part 482.13, Requirements					
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VRJCIABOBA	DIRECTOR'S OR PROVIDE	RYSUPFLIER REPRESENTATIVES SIGN	ATURE		TITLE		YAI DATE -
7	J 11		,		A	'	(XO) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above lindings end plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				FORM	: 07/24/2014 APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/GLA IDENTIFICATION NUMBER:  445473  NAME OF PROVIDER OR SUPPLIER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	IHO!	LE CONSTRUCTION 103 - 918 INDUSTRIAL PARK - USE BLDG 3	COMPLETED	
		B. WING	1 07/2				
	SON COUNTY NURSI	NG HOME	:	8	STREET ADDRESS, CITY, STATE, ZIP CODE 914 INDUSTRIAL PARK RD PANDRIDGE, TN 37725		-
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	AE.	(X6) COMPLETION DATE
	Required automatic continuously mainta condition and are in periodically. 18.7.6 9.7.5  This STANDARD is Based on observati determined the facili maintain the automatine finding includes. Observation and intedirector on July 21, 2 of 20 observed spring on the frangible build. The finding was veridirector and acknow	is not met as evidenced by: ion and interview, it was ity failed to inspect and atic sprinkler system.  ity failed by the maintenance	K	062	DEFICIENCY	nhouse  lain vill nance d as d or ected.	
BORATORY	DIRECTOR'S ORIPROVINE	R/SUPPLIER REPRESENTATIVE'S SIGN					

Any deficiency statement ending with an sateriak (7) denotes a deficiency which the institution may be excused from correcting providing it is determined that other saleguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclossable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclossable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CENTE	<u>RS FOR MEDICAR</u>	H AND HUMAN SERVICES E & MEDICAID SERVICES		PRINTED: 0' FORM AP OMB NO. 08			
AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN	PLE CONSTRUCTION IS 04 - 920 INDUSTRIAL PARK - DUSE BLDG 4	(X3) DA	(X3) DATE SURVEY COMPLETED	
MALIE DE	DDOLARES OF SAME	445473	B. WING_		07	7/21/2014	
	PROVIDER OR SUPPLIES  SON COUNTY NURS			STREET ADDRESS, CITY, STATE, ZIP CODE 914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725			
(X4) ID PREFIX TAG	i (EACH DEFICIENT	IATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULO BE	COMPLETIO BATE	
K9999	During the Life Sa conducted on July	afety portion of the survey (21, 2014, no deficiencies were R Part 482.13, Requirements	K999	9			
	· ·						
770	9 ///	ENSUPPLIEN REPRESENTATIVES SIGN	ATURE	Administrator	8/	(X9) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiences are clied, an approved plan of correction is regulate to continued program participation.